

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION  
EXAMINATIONS & LICENSING  
MAIL CODE 401-04E  
PO BOX 420  
TRENTON, NJ 08625-0420

**STATEMENT OF QUALIFICATIONS**

**INSTRUCTIONS:**

**This form must be completed by the DEP recognized licensed operator in charge on behalf on the applicant's job title and duties.** A separate form is to be completed by **each DEP recognized licensed operator in charge** under whom you worked substantiating your operating/direct responsible charge experience. If your experience was gained while in the employment of a consulting or contract operations firm, each facility at which you worked must be documented. ONLY listing the "firm" as your employer is not acceptable. **All experience must be submitted on this form.** Please photocopy this form if you have more than one employer. Only forms with original signatures will be considered.

APPLICANT NAME \_\_\_\_\_

EXAM TYPE (List appropriate class-1, 2, 3, or 4)      S \_\_\_\_\_      C \_\_\_\_\_      N \_\_\_\_\_      W \_\_\_\_\_      T \_\_\_\_\_

APPLICANT JOB TITLE \_\_\_\_\_

PLACE OF EMPLOYMENT \_\_\_\_\_ NJPDES/PWSID# \_\_\_\_\_

LICENSE CLASSIFICATION(S) OF FACILITY \_\_\_\_\_

DATES OF EMPLOYMENT:      From \_\_\_\_\_      To: \_\_\_\_\_

**I. OPERATING EXPERIENCE**      \_\_\_\_\_ Yrs.      \_\_\_\_\_ Mos.  
**Application must contain this information.**

**II. DIRECT RESPONSIBLE CHARGE (DRC) EXPERIENCE**      \_\_\_\_\_ Yrs.      \_\_\_\_\_ Mos.  
**Applications for classification 3 and 4 (S, W, T, C) must contain this information. Applications from out-of-state/reciprocity applicants for classifications 3 and 4 must contain this information.**

**III. TOTAL OPERATING AND DRC EXPERIENCE AT THIS FACILITY**      \_\_\_\_\_ Yrs.      \_\_\_\_\_ Mos.

**Describe the specific duties (responsibilities) performed while in the job title indicated above. Indicate the percentage of time spent in each area.**

**OPERATIONS** (Records, reports, equipment operating, sludge handling, process control functions, etc.)

\_\_\_\_\_ % of time

**MAINTENANCE** (Pumps, level controls, chlorination, etc.) **SEPARATE AND IDENTIFY CONVEYANCE VS. TREATMENT EXPERIENCE IN THIS AREA.**

\_\_\_\_\_ % of time

LABORATORY PROCEDURE (Process control and regulatory testing)

\_\_\_\_\_ % of time

COLLECTION OR DISTRIBUTION (O & M procedures)

\_\_\_\_\_ % of time

MANUFACTURING AND/OR PROCESS EXPERIENCE (Industrial License Only)

\_\_\_\_\_ % of time

Are you the DEP recognized operator in charge at this place of employment? \_\_\_\_\_ Yes \_\_\_\_\_ No

If "NO" has been checked, list the reason why you have signed the Statement of Qualification and how you are able to verify this applicant's work experience. If the applicant is the licensed operator at this facility, his/her supervisor may certify their experience.

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*To the best of my knowledge, I certify the information provided on this statement of qualifications and any additional attachments is factual and accurate.*

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
License class(es)  
currently held and  
license number(s)